

## NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking instructions: Please type or use blue or black ink pen. Completely fill in one circle.

Print legible numbers and block letters, no script.

Re	porting	Inform	ation

Year: August 1, 2014 through December 31, 2014

Fill in circle if amendment 🛇

FOR OFFICE USE ONLY

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HAND DELIVERED

## | Client Information

Name: College of Staten Island, City University of New York

Permanent Business Address: 2800 Victory Boulevard

City: Staten Island

State: New York

ZIP code: 10314

Phone: 718-982-2250

instructions: Fill out this section only if the Relati and fill out Section IV.	onship is with an Entity.	If the Relationship is	with a State Perso	on, skip this section
Entity Name:		,	15	
Entity Address:		tige		
City:	State:		ZIP code:	· ·
Phone: ^^ State Person with the Requisite Involvement in	the Entity			, b
Last name:	First na	me.		* * * * * * * * * * * * * * * * * * *
State Person's Agency or Legislative Body of				819F 10
Public Office Address:		and the second s	មិន ស្រី២ ៩៩៩	•
City:	State:	100 miles	ZIP code:	
Phone:				
Check here if using addendum sheet for add	itional State Person(s)	with the Requisite	Involvement in	the Entity:
Description of Business Relationship(s):				
e e e e e e e e e e e e e e e e e e e	5.			
			•	
Compensation (Actual or Anticipated):	\$	.00		9
Expenses (Actual or Anticipated):	\$	.00		l.
Total Compensation and Expenses (Actual or	Anticipated):	\$		.00
Beginning date of Business Relationship (Actu	al or Anticipated):	Month:	Yeo	ır:
End date of Business Relationship (Actual or Anticipated) if applicable:			Yeo	ır:
Check here if using addendum sheet for add	itional Relationship(s)	with different Entity	//Entities:	0

Susiness Relationship with a State Person

fuctions: Fill out this section *only* if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: Borelli

State Person First Name: Joseph

Agency or Legislative Body of Employment: New York State Assemblymember

Public Office Address: 101 Tyrellan Avenue, Suite 200

City: Staten Island

State: NY

ZIP code: 10309

Phone: 718-967-5194

Description of Business Relationship(s): NYS Assemblymember Borelli served as an adjunct faculty member for the College of Staten Island in the Department of Political Science & Global Affairs during the Fall semester of 2014 (appointed 8/28/2014–12/23/20), at a rate of \$70.15 for 120 hours.

Compensation (Actual or Anticipated):

\$8,418

.00

Expenses (Actual or Anticipated):

5

.00

Total Compensation and Expenses (Actual or Anticipated):

\$8,418

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month: August

Year: 2014

End date of Business Relationship (Actual or Anticipated) if applicable:

Month: December

Year: 2014

Check here if using addendum sheet for additional State Person(s):  $oldsymbol{igotimes}$ 

## / Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE

NJENT

**DATE:** January 6, 2015

PRINT NAME: LAST Fritz

FIRST William J.

Mark One:

**⋈** Chief Administrative Officer

O Designee (Attach Letter)

## Addendum Sheet for Sections III and IV

Beginning date of Business Relationship (Actual or Anticipated):

End date of Business Relationship (Actual or Anticipated) if applicable:

ase use the following addendum pages as continuation for the specified sections. If additional space is needed, please nake a copy of this sheet.

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IV Business Relationship with a St	ate Person		v evin this section
Instructions: Fill out this section only if the Relat and fill out Section III.	tionship is with a State Person. If the	Reignonship is with an Emil	y, skip mis section
State Person Last Name: Porzio	State Person Fi		8
Agency or Legislative Body of Employment:	Office of New York State Senator And	Irew Lanza	
Public Office Address: 3845 Richmond Avenue, S	Suite 2A	e.	
City: Staten Island	State: New York	ZIP code: 19	0312
Phone: 718-984-4073		i Again ann an t-aire an aire	
Description of Business Relationship(s): Ralph.	J. Porzio, a Counsel Aide in the Office	of NYS Senator Lanza, served	as an adjunct
faculty member for the College of Staten Island in th	e Marketing Department, during the	Fall semester of 2014 (appoin	ted 8/28/2014-
12/23/14), at a rate of \$82.47 for 105 hours.		¥	8.
energy with the state of the st	*1		
Compensation (Actual or Anticipated):	\$ 8,659.35	O na nagaraga na waka naga na kalen	and from
Expenses (Actual or Anticipated):	\$ .0	0	
Total Compensation and Expenses (Actual or	r Anticipated):	\$ 8,659.35	.00

Month: August

Month: December

Year: 2014 Year: 2014

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